Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 1 of 52

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: Identify Yourself | | | | | | |
|-----|--|---|--|--|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joi | int Case): | | | |
| 1. | Your full name | | | | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Cory First name B. | First name | | | | |
| | Bring your picture identification to your meeting with the trustee. | Middle name Hilliard Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | | | |
| 2. | All other names you hav used in the last 8 years | e | | | | | |
| | Include your married or maiden names. | | | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0271 | | | | | |

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 2 of 52 Case number (if known)

Debtor 1 Cory B. Hilliard

| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | |
|--|---|---|--|--|--|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) | | | |
| | | EINs | | EINs | | |
| 5. | Where you live | 1014 Cable Street Streator, IL 61364 | | If Debtor 2 lives at a different address: | | |
| | | Number, Street, City, State & ZIP Code | - | Number, Street, City, State & ZIP Code | | |
| | | La Salle | _ | | | |
| | | County | | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | _ | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. Why you are choosing this district to file for bankruptcy | | Check one: Over the last 180 days before filing this petition, | | Check one: Over the last 180 days before filing this petition, I | | |
| | | I have lived in this district longer than in any other district. | | have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | | |

Entered 08/01/17 08:59:56
Page 3 of 52 Case 17-22923 Doc 1 Filed 08/01/17 Desc Main

Document Case number (if known) Debtor 1 Cory B. Hilliard

| Par | Tell the Court About | our Ban | kruptcy Ca | ise | | | | | | |
|-----|--|---|--------------------------------|---|-------------------------|--|---|--|--|--|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | | |
| | choosing to file under | ☐ Chap | oter 7 | | | | | | | |
| | | ☐ Chap | oter 11 | | | | | | | |
| | | ☐ Chap | oter 12 | | | | | | | |
| | | ■ Chap | oter 13 | | | | | | | |
| 8. | How you will pay the fee | ab or | out how yo | entire fee when I file my pour may pay. Typically, if you a attorney is submitting your paddress. | are paying | the fee yourself, | you may pay with cash | n, cashier's check, or money | | |
| | | | | the fee in installments. If y | | e this option, sign | and attach the Applica | ation for Individuals to Pay | | |
| | | | • | e in Installments (Official For It my fee be waived (You ma | , | this option only if | you are filing for Char | oter 7. By law, a judge may | | |
| | | bu ap | it is not req oplies to you | uired to, waive your fee, and ur family size and you are un on to Have the Chapter 7 Filin | may do so able to pa | o only if your incom y the fee in install | me is less than 150% oments). If you choose | of the official poverty line that this option, you must fill out | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | □ No. ■ Yes. | | | | | | | | |
| | last o years: | — 165. | | Northern District of | | | | | | |
| | | | District | Illinis | When | 4/26/10 | Case number | 10-18347 | | |
| | | | District | | When | | Case number | | | |
| | | | District | | When | | Case number | | | |
| 10. | Are any bankruptcy | ■ No | | | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | | |
| | | | Debtor | | | | Relationship to y | /ou | | |
| | | | District | | When | | Case number, if | known | | |
| | | | Debtor | | | | Relationship to y | /ou | | |
| | | | District | | When | | Case number, if | known | | |
| 11. | Do you rent your | ■ No. | Go to I | ine 12. | | | | | | |
| | residence? | ☐ Yes. | Has yo | ur landlord obtained an evict | ion judgm | ent against you a | nd do you want to stay | in your residence? | | |
| | | | | No. Go to line 12. | . • | - • | • | | | |
| | | | | Yes. Fill out <i>Initial Statemer</i> bankruptcy petition. | nt About ar | n Eviction Judgme | ent Against You (Form | 101A) and file it with this | | |

Document Page 4 of 52 Case number (if known) Debtor 1 Cory B. Hilliard Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes.

of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Cory B. Hilliard Document Page 5 of 52 Case number (if known)

Part 5: Ex

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 6 of 52

Case number (if known) Debtor 1 Cory B. Hilliard Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Cory B. Hilliard Signature of Debtor 2 Cory B. Hilliard Signature of Debtor 1 Executed on August 1, 2017 Executed on MM / DD / YYYY MM / DD / YYYY

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 7 of 52

Debtor 1 Cory B. Hilliard Page 7 01 52

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Marc C. Schei | nbaum | Date | August 1, 2017 | |
|--------------------------------------|------------|---------------|--------------------|--|
| Signature of Attorney | for Debtor | | MM / DD / YYYY | |
| Marc C. Scheinba | ium | | | |
| Scheinbaum & W | est, LLC | | | |
| P. O. Box 5009 Vernon Hills, IL 6 | 0061-5009 | | | |
| Number, Street, City, State | & ZIP Code | | | |
| Contact phone 815-6 | 36-4676 | Email address | amerlincat@aol.com | |
| 6180394 | | | | |
| Bar number & State | | | | |

| | | Document | Page 8 of 52 | |
|---|-------------------------|-------------------------|--------------|------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Cory B. Hilliard | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT OF IL | LINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |
| | | | | - |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your as | ssets f what you own |
|-----|--|--------------|-------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 24,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 60,220.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 84,220.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 37,600.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 28,530.00 |
| | Your total liabilities | \$ | 66,130.00 |
| Paı | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,096.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,837.00 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | iedules. |
| | ■ Yes What kind of debt do you have? | | |

the court with your other schedules.

Official Form 106Sum

Summary of Yo

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Entered 08/01/17 08:59:56 Case 17-22923 Doc 1 Filed 08/01/17 Desc Main Page 9 of 52
Case number (if known) Document

Debtor 1 Cory B. Hilliard

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$ 8,200.00 |
|----|--|----------------|
| | | |

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total o | laim |
|--|---------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Ca | ase 17-22923 | Doc 1 | | 08/01/17 ument | Entered 08/01/1 | 7 08:59: | 56 De | sc N | ⁄lain | |
|----------------------|---|---|--------------------------------------|-------------|-----------------------------------|--|------------------------------|--|--------|--|--|
| Fill | in this infor | mation to identify y | our case and t | | | Page 10 (II:)2 | | | | | |
| Deb | otor 1 | Cory B. Hilliar | | e Name | | Last Name | | | | | |
| | otor 2 use, if filing) | First Name | | e Name | | Last Name | | | | | |
| Unit | ted States Ba | ankruptcy Court for th | e: NORTHER | RN DISTE | RICT OF ILLIN | NOIS | | | | | |
| Cas | se number _ | | | | | - | | | | Check if this is an amended filing | |
| Sc | chedul | orm 106A/B le A/B: Pro | <u> </u> | an asset | only once. If a | ın asset fits in more than one | category, list | the asset in | the ca | 12/15 | |
| hink nfor Ansv | t it fits best. E mation. If mon ver every ques | Be as complete and ac- re space is needed, att stion. | curate as possib ach a separate s | le. If two | married people is form. On the | e are filing together, both are e top of any additional pages n or Have an Interest In | equally respo | nsible for su | pplyir | ng correct | |
| De | | <u>·</u> | | | | land, or similar property? | | | | | |
| _ | _ | , , , , | | , | ,, | iana, er emmar property : | | | | | |
| _ | No. Go to Pa | | | | | | | | | | |
| _ | res. Where | is the property? | | | | | | | | | |
| 1.1 | | | | What | is the property | ? Check all that apply | | | | | |
| ••• | 1014 Cab | ole Street | | - | | | Do not dodu | at accurred ale | oima a | r ovemntions Dut | |
| | Street address | , if available, or other descrip | otion | | Duplex or multi-unit building | | | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | | | |
| | Streator | | 61364-0000 | | Land | or mobile home | Current val | erty? | | rent value of the tion you own? | |
| | City | State | ZIP Code | | Investment pro Timeshare | operty | | 4,000.00 | | \$24,000.00 | |
| | | | | □ Who I | Other | in the property? Check one | (such as fe a life estate | e simple, ten), if known. | ancy I | wnership interest by the entireties, or | |
| | | | | | Debtor 1 only | | estate | as a 100% | inte | rest in real | |
| | La Salle | | | | Debtor 2 only | | | | | | |
| | County | | | | Debtor 1 and I | • | | if this is con | muni | y property | |
| | | | | | | f the debtors and another ou wish to add about this iter on number: | (see inst | | | | |
| | | | | | | | | | | | |
| 2 | Add the del | lar value of the next | ion vou own fa | ar all of · | our optrios f | rom Part 1 including any | ontrice for | | | | |

pages you have attached for Part 1. Write that number here.....=>

\$24,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Page 11 of 52

Case number (if known) Document Debtor 1 Cory B. Hilliard 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Infiniti Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: G-35 Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2007 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$13,000.00 \$13,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$13,000.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... bed room set, bed living room furniture, kitchen set, kitchen \$1,100.00 appliances, washer, dryer, 2 TVs, computer. 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments □ No Yes. Describe..... \$20.00 2 basket balls

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

■ No

Official Form 106A/B Schedule A/B: Property

Case 17-22923

Doc 1

Filed 08/01/17

Entered 08/01/17 08:59:56

Desc Main

| | | Case 17-22 | 923 [| Doc 1 | Filed 08/01/17 Document | Entered 08/01/17 08:59:56 Page 12 of 52 | Desc Main |
|-----|-------------------------------------|--|-----------------|-------------------|---|--|---|
| De | btor 1 | Cory B. Hilliard | <u>k</u> | | 2004 | Page 12 of 52 Case number (if known) | |
| I | □ Yes. | Describe | | | | | |
| ļ | □ No ['] | | es, furs, le | ather coats | , designer wear, shoes, | accessories | |
| | | n | nen's and | d daughte | er's clothing | | \$350.00 |
| | | | | | g | | |
| ı | No | oles: Everyday jewel | Iry, costum | e jewelry, e | engagement rings, wed | ding rings, heirloom jewelry, watches, gems, ς | gold, silver |
| ı | ☐ Yes. | Describe | | | | | |
| ļ | <i>Exam</i> µ ■ No | rm animals bles: Dogs, cats, bird Describe | ds, horses | | | | |
| 4. | | | nousehold | items you | ı did not already list, iı | ncluding any health aids you did not list | |
| _ | | Give specific inforn | nation | | | | |
| | | | | | | | |
| 15. | | | | | om Part 3, including a | ny entries for pages you have attached | \$1,470.00 |
| Day | 44 D. | scribe Your Financial | | | | | |
| | | | | able intere | est in any of the follow | ing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Cash <i>Examµ</i> □ No | oles: Money you hav | ve in your v | vallet, in yo | ur home, in a safe depo | osit box, and on hand when you file your petiti | · |
| - | Yes | | | | | | |
| | | | | | | Cash | \$200.00 |
| | Examp | | | | accounts; certificates counts with the same ins | of deposit; shares in credit unions, brokerage l titution, list each. | nouses, and other similar |
| | □ No ■ Yes | | | | Institution n | ame: | |
| | | | 17.1. sa | vings | Financial | Plus Credit Union | \$50.00 |
| | | | | ecking a vings | | ederal Bank | \$500.00 |
| | | , mutual funds, or ples: Bond funds, inv | | | ks th brokerage firms, mor | ey market accounts | |
| | _ | | Insti | tution or is | suer name: | | |
| | | ublicly traded stoc enture | k and inte | rests in inc | corporated and uninco | orporated businesses, including an interes | it in an LLC, partnership, and |
| | | Give specific inforn | nation abou | ut them | | | |
| | | n 106A/B | | | Schedule A/B: F | Property | page 3 |

| | | Case 17-2 | 22923 | Doc 1 | Filed 08/01/17 Document | Entered 08/01/17 08:59:56 Page 13 of 52 | 6 Desc Main |
|-----|----------------------------------|--|-----------------------------|--|--|---|---|
| De | ebtor 1 | Cory B. Hillia | ard | | Document | Case number (if known | vn) |
| | | | Name | e of entity: | | % of ownership: | |
| | Negot Non-ri ■ No | tiable instruments | include pe ents are the | rsonal check ose you canı | | egotiable instruments missory notes, and money orders. by signing or delivering them. | |
| | <i>Exam</i> □ No | ment or pension ples: Interests in I | RA, ERISA | | I(k), 403(b), thrift saving | s accounts, or other pension or profit-shar | ng plans |
| | _ 100. | Liot odon doodan | | account: | Institution r | ame: | |
| | | | 401(k) | | H B Fulle | r | \$45,000.00 |
| | Your s Exam ■ No | | d deposits | you have ma | rent, public utilities (elec | tinue service or use from a company etric, gas, water), telecommunications com ame or individual: | panies, or others |
| | ■ No | • | · | c payment of and descript | | life or for a number of years) | |
| 25. | 26 U.S. ■ No □ Yes. Trusts ■ No | .C. §§ 530(b)(1), 5 | 529A(b), ar stitution na | nd 529(b)(1). me and desc sts in prope | ription. Separately file th | egram, or under a qualified state tuition ne records of any interests.11 U.S.C. § 521 g listed in line 1), and rights or powers | (c): |
| | Exam _i ■ No | | nain names | , websites, p | ts, and other intellecturoceeds from royalties a | nal property nd licensing agreements | |
| | Exam ■ No | ses, franchises, a ples: Building peri | mits, exclus | sive licenses | | n holdings, liquor licenses, professional lice | enses |
| Mo | oney or | property owed t | o you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | funds owed to you | | out them, inc | cluding whether you alre | ady filed the returns and the tax years | |
| | Exam ■ No | / support ples: Past due or Give specific info | | | usal support, child suppo | ort, maintenance, divorce settlement, prop | erty settlement |

| | | Case 17-22923 | Doc 1 | Filed 08/01/17 | Entered 08/01/17 08:59:56 | Desc Main |
|-----|-------------------|--|--------------------------|-----------------------------|---|----------------------------|
| De | ebtor 1 | Cory B. Hilliard | | Document | Page 14 of 52 Case number (if known) | |
| | Examp ■ No | imounts someone owes yoles: Unpaid wages, disabil benefits; unpaid loans Give specific information | ity insurance | | efits, sick pay, vacation pay, workers' comper | nsation, Social Security |
| | Interes | ts in insurance policies | e insurance: h | nealth savings account (| HSA); credit, homeowner's, or renter's insurar | nce |
| | ■ No | wee. Freditir, aleabinty, or in | o mouramos, r | iodiii odvingo dooddiii (| 11671), croatt, nomecumer e, er remer e mearar | |
| | ☐ Yes. I | Name the insurance compa Com | any of each papany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| | If you a someo | erest in property that is one the beneficiary of a living the has died. | | | ed surance policy, or are currently entitled to rece | eive property because |
| | ■ No □ Yes. | Give specific information | | | | |
| | Examp ■ No | oles: Accidents, employmer | | | it or made a demand for payment s to sue | |
| | | Describe each claim | | | | |
| | ■ No | contingent and unliquidat Describe each claim | | every nature, including | g counterclaims of the debtor and rights to | set off claims |
| 35. | Any fin | ancial assets you did not | t already list | | | |
| | ■ No | Give specific information | · | | | |
| 36 | | | | | ny entries for pages you have attached | \$45,750.00 |
| Pa | rt 5: Des | scribe Any Business-Related | I Property You | Own or Have an Interest | In. List any real estate in Part 1. | |
| 37. | Do you o | own or have any legal or equ | itable interest | in any business-related p | roperty? | |
| I | _ | to Part 6. | | | | |
| [| ☐ Yes. G | to to line 38. | | | | |
| Pa | | scribe Any Farm- and Comm ou own or have an interest in fa | | | n or Have an Interest In. | |
| 46. | | , , | r equitable in | terest in any farm- or o | commercial fishing-related property? | |
| | _ | Go to Part 7. | | | | |
| | ⊔ Yes. | Go to line 47. | | | | |
| Pa | rt 7: | Describe All Property You | Own or Have a | an Interest in That You Dic | l Not List Above | |
| 53. | | have other property of a bles: Season tickets, countr | | | | |
| | ■ No | O. 16. 1. | | | | |
| | ☐ Yes. | Give specific information | | | | |

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Page 15 of 52
Case number (if known) Document

Debtor 1 Cory B. Hilliard

| Part | List the Totals of Each Part of this Form | | | _ |
|------|--|-------------|------------------------------|-------------|
| 55. | Part 1: Total real estate, line 2 | | | \$24,000.00 |
| 56. | Part 2: Total vehicles, line 5 | \$13,000.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$1,470.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$45,750.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$60,220.00 | Copy personal property total | \$60,220.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$84,220.00 |

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this infor | mation to identify your | case: | 111111111111111111111111111111111111111 | |
|---------------------|--------------------------|-------------------|---|--|
| | mation to labitily your | 00001 | | |
| Debtor 1 | Cory B. Hilliard | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Br | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Officed States Do | ankruptcy Court for the. | NORTHERN DIOTRIOT | OI ILLIIVOIO | |
| Case number | | | | |
| (if known) | | | | |
| , | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exem | ptions are | you claiming? | Check one only | , even if | your spouse is | filing with | vou. |
|----|-------------------|------------|---------------|----------------|-----------|----------------|-------------|------|
|----|-------------------|------------|---------------|----------------|-----------|----------------|-------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|--|------------------------------------|
| | Copy the value from Schedule A/B | Check only one box for each exemption | on. |
| 1014 Cable Street Streator, IL 61364 La Salle County | \$24,000.00 | \$15,000 | 00 735 ILCS 5/12-901 |
| Line from Schedule A/B: 1.1 | | 100% of fair market value, u any applicable statutory limit | |
| 2007 Infiniti G-35 Line from Schedule A/B: 3.1 | \$13,000.00 | \$2,400 | 00 735 ILCS 5/12-1001(c) |
| Line Holli Schedule A/D. 3.1 | | 100% of fair market value, u any applicable statutory limit | |
| 2007 Infiniti G-35 Line from Schedule A/B: 3.1 | \$13,000.00 | \$1,500 | 00 735 ILCS 5/12-1001(b) |
| Ellie Holli Galledale 74 B. G.1 | | ☐ 100% of fair market value, u any applicable statutory limit | |
| bed room set, bed living room furniture, kitchen set, kitchen | \$1,100.00 | \$1,100 | 00 735 ILCS 5/12-1001(b) |
| appliances, washer, dryer, 2 TVs, computer. Line from Schedule A/B: 6.1 | | ☐ 100% of fair market value, u any applicable statutory limit | |
| 2 basket balls Line from Schedule A/B: 9.1 | \$20.00 | ■ \$20 | 00 735 ILCS 5/12-1001(b) |
| Line nom Schedule A/B. 3.1 | | 100% of fair market value, u any applicable statutory limit | |

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 17 of 52 Case number (if known)

| | _ | , | | | ` ' | • |
|----|-------------------|---|--------------------------------------|---------|---|------------------------------------|
| | | cription of the property and line on A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Che | | |
| | | and daughter's clothing | \$350.00 | | \$350.00 | 735 ILCS 5/12-1001(a) |
| | Line non | Torredule / V.Z. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash Line from | n Schedule A/B: 16.1 | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(b) |
| | Line non | in Scriedale A/D. 19:1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | - | s: Financial Plus Credit Union | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| | Line non | il Scriedule A/B. 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | checkii Federa | ng and savings: U S A A | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| | | n Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | ٠, | H B Fuller | \$45,000.00 | | 100% | 735 ILCS 5/12-1006 |
| | Line non | in Scriedale Av.B. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | | claiming a homestead exemption to adjustment on 4/01/19 and every | | | led on or after the date of adjustme | nt.) |
| | No | | | | | |
| | ☐ Yes | s. Did you acquire the property cover | ed by the exemption w | ithin 1 | ,215 days before you filed this case | 9? |
| | | No | | | | |
| | | Yes | | | | |

| | | Document | Page 18 (| OT 52 | | |
|-----------------|---|--|---------------------------------------|-----------------------|--|-----------------------------|
| Filli | in this information to identify ye | our case: | | | | |
| Deb | tor 1 Corv B. Hilliar | rd | | | | |
| | First Name | Middle Name | Last Name | | - | |
| Deb | | | | | _ | |
| (Spou | use if, filing) First Name | Middle Name | Last Name | | | |
| Unite | ed States Bankruptcy Court for th | e: NORTHERN DISTRICT OF ILLIN | NOIS | | | |
| | | | | | - | |
| Case (if kno | e number | | | | Charle | if their in an |
| (II KIIC | owii) | | | | _ | if this is an led filina |
| | | | | | amend | ieu illing |
| Offi | cial Form 106D | | | | | |
| | | es Miss Llaves Claimes S | اممسما | by Dranart | | 10/15 |
| SCI | nedule D: Creditor | s Who Have Claims S | ecurea | by Propert | <u>y </u> | 12/15 |
| s nee | | e. If two married people are filing together it out, number the entries, and attach it to | | | | |
| 1. Do | any creditors have claims secured | by your property? | | | | |
| [| ☐ No. Check this box and submi | t this form to the court with your other s | chedules. You | ı have nothina else t | to report on this form. | |
| | Yes. Fill in all of the informatio | • | | | | |
| | | n below. | | | | |
| Part | List All Secured Claims | | | Column A | Column B | Column C |
| | | s more than one secured claim, list the credit | | Amount of claim | | Unsecured |
| | | as a particular claim, list the other creditors in etical order according to the creditor's name. | n Pan 2. AS | Do not deduct the | Value of collateral that supports this | portion |
| | 1= | ű | | value of collateral. | claim | if any |
| 2.1 | Financial Plus Credit Union | Describe the property that secures the | e claim: | \$23,200.00 | \$24,000.00 | \$0.00 |
| | Creditor's Name | 1014 Cable Street Streator, IL | | | | |
| | | La Salle County | 2 01304 | | | |
| | | | | | | |
| | 800 Chestnut Street | As of the date you file, the claim is: Chapply. | neck all that | | | |
| | Ottawa, IL 61350 | Contingent | | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who | owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ D | Pebtor 1 only | ☐ An agreement you made (such as mo | ortgage or secur | red | | |
| | ebtor 2 only | car loan) | | | | |
| _ | Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mech | anic's lien) | | | |
| _ | t least one of the debtors and another | • | •• | | | |
| | theck if this claim relates to a community debt | Other (including a right to offset) | ome equity | loan | | |
| Date | debt was incurred | Last 4 digits of account numbe | er <u>5290</u> | | | |
| | 1 | | | | | |
| 2.2 | Financial Plus Credit | Describe the property that accuracy the | o oloimi | \$5,300.00 | \$0.00 | \$5,300.00 |
| | Union Creditor's Name | Describe the property that secures the cross-collateralized loan | — — — — — — — — — — — — — — — — — — — | Ψο,οσοίσο | Ψ0.00 | Ψο,οσοίσο |
| | | Cross-conateranzed loan | | | | |
| | | | | | | |
| | 800 Chestnut Street | As of the date you file, the claim is: Chapply. | neck all that | | | |
| | Ottawa, IL 61350 | Contingent | | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who | owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ D | ebtor 1 only | An agreement you made (such as mo | ortgage or secur | red | | |
| □ D | ebtor 2 only | car loan) | | | | |
| _ | ebtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mech | anic's lien) | | | |
| _ | t least one of the debtors and another | | | | | |
| ЦС | heck if this claim relates to a | Other (including a right to offset) | ross collate | eralized loan | | |

community debt

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 19 of 52

| Debtor 1 Cory B. Hilliard | | Cas | e number (if know) | | |
|--|---|---------------------|------------------------|-------------|--------|
| First Name Middle | Name Last Name | <u> </u> | | | |
| Date debt was incurred | Last 4 digits of account num | nber <u>5210</u> | | | |
| 2.3 Huntington National | Describe the property that secures | the claim: | \$9,100.00 | \$13,000.00 | \$0.00 |
| Creditor's Name | 2007 Infiniti G-35 | | | | |
| P O Box 182519 Columbus, OH 43218-2519 | As of the date you file, the claim is apply. | : Check all that | | | |
| Number, Street, City, State & Zip Code Who owes the debt? Check one. | ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ An agreement you made (such as car loan) | mortgage or secured | I | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | echanic's lien) | | | |
| $\hfill\square$ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | automobile loa | an | | |
| Date debt was incurred | Last 4 digits of account num | 7718 | | | |
| Add the dollar value of your entries in of this is the last page of your form, add | | | \$37,600. \$37,600. | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | | Γ | ocument) | Page 2 | 0 of 52 | | | |
|--|--|--|--|---|--------------------------------------|--------------------------|---|------------------------|--|
| Fill in th | is informatio | on to identify your c | ase: | | | | | | |
| Debtor 1 | C | ory B. Hilliard | | | | | | | |
| 200101 | | rst Name | Middle Nar | ne | Last Name | | | | |
| Debtor 2 | | | | | | | | | |
| (Spouse if, | filing) Fi | rst Name | Middle Nar | ne | Last Name | | | | |
| United S | States Bankrup | otcy Court for the: | NORTHERN | DISTRICT OF | ILLINOIS | | | | |
| | | | | | | | | | |
| Case nu (if known) | mber | | | | | | | | Shook if this is an |
| (II KIIOWII) | | | | | | | | _ | Check if this is an Imended filing |
| | | | | | | | | a | mended ming |
| Officia | I Form 10 | 06E/F | | | | | | | |
| | | Creditors W | ho Have l | Jnsecure | d Claims | | | | 12/15 |
| Schedule Schedule eft. Attac name and | G: Executory (D: Creditors W h the Continual case number | Contracts and Unexpi Tho Have Claims Secution Page to this page | red Leases (Off ired by Property e. If you have no | icial Form 106G r. If more space o information to |). Do not include is needed, copy | any credito the Part you | rs with partially secure I need, fill it out, numbe | ed claims er the en | ial Form 106A/B) and on that are listed in tries in the boxes on the tional pages, write your |
| Part 1: | | | | | | | | | |
| | • | ave priority unsecured | i ciaims against | you? | | | | | |
| | o. Go to Part 2. | | | | | | | | |
| □ Y | | | | | | | | | |
| Part 2: | | Your NONPRIORIT | | | | | | | |
| 3. Do a | ny creditors ha | ave nonpriority unsec | ured claims aga | inst you? | | | | | |
| ПΝ | o. You have no | thing to report in this pa | art. Submit this fo | rm to the court w | ith your other sch | edules. | | | |
| ■ Y | es. | | | | | | | | |
| | | | ima in the elmb | shatiaal ayday at | i the eventites wh | - halda aaal | h alaim Iflitl | 41 | and a second set of |
| unse | cured claim, list one creditor hol | the creditor separately | for each claim. F | or each claim lis | ted, identify what | type of claim | h claim. If a creditor has it is. Do not list claims al iority unsecured claims f | Iready inc | cluded in Part 1. If more |
| | | | | | | | | | Total claim |
| 4.1 | Avantcredit | Of IL dba Avanto | credit.c I | ast 4 digits of a | ccount number | 7446 | | | \$5,800.00 |
| | Nonpriority Cred | | | | | 11.0 | | | Ψο,οσοίσο |
| | 640 N. LaS | alle Dr. | ' | When was the de | ebt incurred? | | | | _ |
| | suite 535 Chicago, IL | 60654 | | | | | | | |
| | | City State Zlp Code | | As of the date yo | ou file, the claim | is: Check all | that apply | | |
| , | Who incurred t | the debt? Check one. | | | • | | | | |
| | ■ Debtor 1 on | y | ı | ☐ Contingent | | | | | |
| | Debtor 2 onl | V | | ☐ Unliquidated | | | | | |
| | Debtor 1 and | - | | ☐ Disputed | | | | | |
| | | of the debtors and ano | _ | • | ORITY unsecure | d claim: | | | |
| | | s claim is for a comm | | Student loans | | | | | |
| | debt | | | Obligations ar | ising out of a sepa | aration agree | ment or divorce that you | did not | |
| ı | Is the claim su | bject to offset? | r | eport as priority o | claims | | | | |
| I | ■ No | | I | Debts to pens | ion or profit-sharir | ng plans, and | d other similar debts | | |
| | ☐ Yes | | 1 | Other. Specify | unsecured | loan | | | |
| | | | | - | | | | | - |

Entered 08/01/17 08:59:56 Case 17-22923 Doc 1 Filed 08/01/17 Desc Main Document

Page 21 of 52 Case number (if know) Debtor 1 Cory B. Hilliard 4.2 **Capital One Master Card** \$2,900.00 Last 4 digits of account number 8906 Nonpriority Creditor's Name P.O. Box 30285 When was the debt incurred? Salt Lake City, UT 84130-0285 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit card ☐ Yes 4.3 **Capital One Visa** Last 4 digits of account number 0743 \$3,200.00 Nonpriority Creditor's Name P.O. Box 30285 When was the debt incurred? Salt Lake City, UT 84130-0285 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes credit card Other, Specify 4.4 **Chase Bank** Last 4 digits of account number 2985 \$1,000.00 Nonpriority Creditor's Name PO Box 659732 When was the debt incurred? San Antonio, TX 78265 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify checking overdrafts

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 22 of 52

Debtor 1 Cory B. Hilliard Case number (if know) 4.5 \$0.00 Citi Cards Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 6500 When was the debt incurred? Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify notice only ☐ Yes 4.6 **NuMark Credit Union** Last 4 digits of account number \$9,300.00 3410 Nonpriority Creditor's Name 1654 Terry Drive When was the debt incurred? P.O. Box 2729 Joliet, IL 60434-2729 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify unsecured loan ☐ Yes 4.7 **Personal Finance Company** Last 4 digits of account number 0201 \$3,200.00 Nonpriority Creditor's Name When was the debt incurred? **Morris Plaza** 100 Commercial Drive, #4 Morris, IL 60450 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent □ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ■ Other. Specify unsecured loan ☐ Yes

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 23 of 52
Case number (if know)

Debtor 1 Cory B. Hilliard 4.8 \$2,000.00 Rise Credit Last 4 digits of account number 5086 Nonpriority Creditor's Name 4150 International Plaza When was the debt incurred? suite 300 Fort Worth, TX 76109 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify unsecured loan ☐ Yes 4.9 The Cash Store - #324 Last 4 digits of account number 6610 \$1,130.00 Nonpriority Creditor's Name 2371 N. Bloomington When was the debt incurred? suite E Streator, IL 61364 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes unsecured loan Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Avantcredit Of IL dba Avantcredit.c ☐ Part 1: Creditors with Priority Unsecured Claims Line **4.1** of (Check one): 222 North LaSalle Street Part 2: Creditors with Nonpriority Unsecured Claims suite 1700 Chicago, IL 60601 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Rise Credit Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims P O Box 101808 Part 2: Creditors with Nonpriority Unsecured Claims Fort Worth, TX 76185 Last 4 digits of account number Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim Domestic support obligations** 6a. 0.00 Total

claims

Official Form 106 E/F

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 24 of 52 Case number (if know)

| Debtor 1 Co | ry B. H | lilliard Document Page | Case r | 0∠ number (if kn | ow) |
|-------------|---------|---|-------------------|---------------------|-------------|
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount her | e. 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims | | | | | |
| om Part 2 | 6g. | Obligations arising out of a separation agreement or divorce the you did not report as priority claims | a t 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debt | s 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 28,530.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 28.530.00 |

| | | I A A A A A A A A A A A A A A A A A A A | | |
|---|--------------------------|---|-------------|--|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Cory B. Hilliard | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| 0 | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | J., | | State | | |

| | | Docume | <u>ent Page 26 d</u> | ot 52 | |
|------------------------------------|---|---|--|--|---|
| Fill in thi | s information to identify your | case: | | | |
| Debtor 1 | Cory B. Hilliard | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fi | iling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| | , , | | | | |
| Case nun (if known) | mber | | | | Charle if this is an |
| (ii Kilowii) | | | | | Check if this is an amended filing |
| | | | | | amenaea ming |
| Officia | al Form 106H | | | | |
| Scha | dule H: Your Cod | lahtors | | | 12/15 |
| SCITE | dule II. Toul Cou | ienioi 2 | | | 12/15 |
| ill it out, our nam | | boxes on the left. Attach). Answer every question | the Additional Page | to this page. On the to | needed, copy the Additional Page, p of any Additional Pages, write |
| 1. DC | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | e as a codebtor. | |
| ■ No | | | | | |
| Arizo No Ye 3. In Co in lin Form | e 2 again as a codebtor only | n, Nevada, New Mexico, Pu use, or legal equivalent live tors. Do not include your if that person is a guaran | e with you at the time? spouse as a codebto tor or cosigner. Make | ington, and Wisconsin.) r if your spouse is filin sure you have listed t | |
| out | Column 1: Your codebtor | | | Column 2: The cr | editor to whom you owe the debt |
| | Name, Number, Street, City, State and Z | IP Code | | Check all schedule | |
| 3.1 | | | | ☐ Schedule D, lir | 20 |
| 3.1 | Name | | | Schedule E/F, | |
| | | | | ☐ Schedule C, lir | |
| | | | | | |
| | Number Street City | State | ZIP Code | | |
| | Oity | Olalo | 211 0000 | | |
| | | | | Под 11 5 % | |
| 3.2 | Name | | | Schedule D, lir | |
| | | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | le |
| | Number Street | 0 | 715.0 | <u> </u> | |
| | City | State | ZIP Code | | |

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 27 of 52

| Sill | in this information to identify y | our caso. | | | | | | | |
|-------------|--|--|---------------------------------|------------|------|------------------------------------|------------------------------------|------------------------------------|----------|
| | otor 1 Cory B. | | | | | | | | |
| | otor 2 puse, if filing) | | | | _ | | | | |
| Uni | ted States Bankruptcy Court fo | or the: NORTHERN DISTRI | CT OF ILLINOIS | | | | | | |
| | se number nown) | | - | | | | ded filing ment showir | ng postpetition following date: | |
| 0 | fficial Form 106I | | | | | MM / DD | / YYYY | | |
| S | chedule I: Your I | ncome | | | | | | | 12/15 |
| spo atta | plying correct information. If use. If you are separated and ch a separate sheet to this for the control of the | Your spouse is not filing worm. On the top of any addition | ith you, do not inclu | ıde infor | mati | on about your s d case number (| pouse. If m if known). <i>i</i> | ore space is | needed, |
| | If you have more than one jo | h | ■ Employed | | | | ployed | 9 орошоо | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | _ | | | employed | | |
| | employers. | Occupation | operator | | | | | | |
| | Include part-time, seasonal, self-employed work. | or Employer's name | H.B. Fuller | | | | | | |
| | Occupation may include stude or homemaker, if it applies. | lent Employer's address | P O Box 64683 Saint Paul, MN | |)683 | <u> </u> | | | |
| | | How long employed t | there? 18 yea | rs | | | | | |
| Par | t 2: Give Details About | Monthly Income | | | | | | | |
| | mate monthly income as of tuse unless you are separated. | he date you file this form. If | you have nothing to | report for | any | line, write \$0 in t | ne space. In | nclude your no | n-filing |
| | ou or your non-filing spouse have e space, attach a separate she | | ombine the information | on for all | empl | oyers for that pe | son on the I | lines below. If | you need |
| | | | | | | For Debtor 1 | | ebtor 2 or ling spouse | |
| 2. | | salary, and commissions (but the month) | | 2. | \$ | 6,101.00 |) \$ | N/A | |
| 3. | Estimate and list monthly | overtime pay. | | 3. | +\$ | 2,167.0 | +\$ | N/A | |
| 4. | Calculate gross Income. A | dd line 2 + line 3. | | 4. | \$ | 8,268.00 | \$ | N/A | |

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 28 of 52

| Deb | tor 1 | Cory B. Hilliard | - | Cas | se number (if know | vn) | | | | |
|-----|-----------------------|--|--------|------|--------------------|-----|------|------------------------|--------|-----------|
| | | | | | or Debtor 1 | | | Debtor 2 -filing sp | | |
| | Cop | y line 4 here | 4. | \$ | 8,268.0 | 00 | \$ | | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 2,763.0 | 00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.0 | | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.0 | 00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 581.0 | 00 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e. | \$ | 290.0 | | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | \$ | 488.0 | | \$ | | N/A | _ |
| | 5g. | Union dues | 5g. | | 50.0 | | — | | N/A | _ |
| _ | 5h. | Other deductions. Specify: | 5h | | | 00 | | | N/A | _ |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 4,172.0 | | \$ | | N/A | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 4,096.0 | 00 | \$ | | N/A | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a. | \$ | 0.0 | _ | \$ | | N/A | _ |
| | 8b. | Interest and dividends | 8b. | \$ | 0.0 | 00 | \$ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.0 | | \$ | | N/A | _ |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.0 | 00 | \$ | | N/A | _ |
| | 8e. | Social Security | 8e. | \$ | 0.0 | 00 | \$ | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.0 | | \$ | | N/A | _ |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.0 | | \$ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h | + \$ | 0.0 | 00 | + \$ | | N/A | - |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 0.0 | 00 | \$ | | N/A | 4 |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. \$ | 6 | 4,096.00 + | \$ | | N/A | = \$ | 4,096.00 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | | | |
| 11. | Inclu othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | deper | | | | | chedule 11. | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | | 12. | \$ | 4,096.00 |
| | | | | | | | | | Combi | |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | inontn | ly income |
| | | Yes. Explain: Debtor has greater overtime from June - August 401(k) loan repayment is 2-1/2 years +. | each | yea | r. | | | | | |

Official Form 106I Schedule I: Your Income page 2

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 29 of 52

| Filli | in this information to identify your case: | | | | | |
|-------------|---|----------------------------|-----------------------|---------------|--|---|
| Debt | | | | Chec | k if this is: | |
| | oory 5. riiinara | | | | An amended filing | |
| | tor 2 buse, if filing) | | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| `` | | | 210 | _ | | |
| Unite | ed States Bankruptcy Court for the: NORTHERN | DISTRICT OF ILLING | DIS | ' | MM / DD / YYYY | |
| | e number nown) | | | | | |
| Of | fficial Form 106J | | | | | |
| Sc | chedule J: Your Expense | es es | | | | 12/1 |
| info | as complete and accurate as possible. If tv ormation. If more space is needed, attach a nber (if known). Answer every question. | | | | | |
| Part | | | | | | |
| 1. | Is this a joint case? | | | | | |
| | No. Go to line 2. | accade ald 2 | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate h ☐ No | iousenoia? | | | | |
| | ☐ Yes. Debtor 2 must file Official Fo | orm 106J-2, Expenses | for Separate House | ehold of Debt | or 2. | |
| 2. | Do you have dependents? ☐ No | | | | | |
| | Do not list Debtor 1 and | out this information for h | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | □ No |
| | dependents names. | | daughter | | 19 | Yes |
| | | | | | | □ No □ Yes |
| | | | | | | □ res □ No |
| | | | | | | ☐ Yes |
| | | | | | | □ No |
| | | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than | | | | | |
| | yourself and your dependents? | | | | | |
| Esti exp | t 2: Estimate Your Ongoing Monthly Eximate your expenses as of your bankruptcy senses as of a date after the bankruptcy is blicable date. | y filing date unless yo | | | | |
| the | lude expenses paid for with non-cash gove value of such assistance and have include ficial Form 106I.) | | | | Your expe | enses |
| 4. | The rental or home ownership expenses payments and any rent for the ground or lot. | | nclude first mortgage | e 4. \$ | | 170.00 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. \$ | | 35.00 |
| | 4b. Property, homeowner's, or renter's ins | surance | | 4a. \$ | | <u> </u> |
| | 4c. Home maintenance, repair, and upker | | | 4c. \$ | | 100.00 |
| _ | 4d. Homeowner's association or condomi | | | 4d. \$ | | 0.00 |
| 5. | Additional mortgage payments for your re | esidence, such as hor | ne equity loans | 5. \$ | | 0.00 |

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 30 of 52

| I I CHI CL | | | |
|--|---|------------------------|-------------|
| Utilities: | notural goa | 6a. \$ | 260.00 |
| • | neat, natural gas | 6a. \$ 6b. \$ | 260.00 |
| | er, garbage collection | | 100.00 |
| • | cell phone, Internet, satellite, and cable services | | 85.00 |
| | ify: cell telephones | 6d. \$ | 210.00 |
| Food and house | | 7. \$ | 450.00 |
| | ildren's education costs | 8. \$ | 0.00 |
| • | , and dry cleaning | 9. \$ | 200.00 |
| • | oducts and services | 10. \$ | 40.00 |
| Medical and den | al expenses | 11. \$ | 450.00 |
| Transportation. In Do not include ca | nclude gas, maintenance, bus or train fare. payments. | 12. \$ | 420.00 |
| Entertainment, c | ubs, recreation, newspapers, magazines, and books | 13. \$ | 60.00 |
| Charitable contri | butions and religious donations | 14. \$ | 0.00 |
| Insurance. | - | · | |
| Do not include ins | urance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurar | ce | 15a. \$ | 0.00 |
| 15b. Health insu | rance | 15b. \$ | 0.00 |
| 15c. Vehicle ins | ırance | 15c. \$ | 200.00 |
| 15d. Other insur | ance. Specify: | 15d. \$ | 0.00 |
| Taxes. Do not inc | ude taxes deducted from your pay or included in lines 4 or | 20. | |
| Specify: | , | 16. \$ | 0.00 |
| Installment or lea | se payments: | | |
| 17a. Car payme | nts for Vehicle 1 | 17a. \$ | 0.00 |
| 17b. Car payme | nts for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Spec | ify: | 17c. \$ | 0.00 |
| 17d. Other. Spec | ify: | 17d. \$ | 0.00 |
| Your payments of | f alimony, maintenance, and support that you did not re | | - |
| deducted from y | our pay on line 5, Schedule I, Your Income (Official Forn | n 106l). 18. \$ | 0.00 |
| Other payments | you make to support others who do not live with you. | \$ | 0.00 |
| Specify: | | 19. | |
| | ty expenses not included in lines 4 or 5 of this form or | | |
| 20a. Mortgages | | 20a. \$ | 0.00 |
| 20b. Real estate | taxes | 20b. \$ | 0.00 |
| 20c. Property, h | omeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenand | e, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowne | r's association or condominium dues | 20e. \$ | 0.00 |
| Other: Specify: | | 21. +9 | 0.00 |
| | onthly avances | | |
| Calculate your m | | | \$ 0.007.00 |
| 22a. Add lines 4 t | S . | 10610 | \$ 2,837.00 |
| . , | (monthly expenses for Debtor 2), if any, from Official Form | 100J-2 | \$ |
| 22c. Add line 22a | and 22b. The result is your monthly expenses. | | \$ 2,837.00 |
| Calculate vour m | onthly net income. | | |
| | 2 (your combined monthly income) from Schedule I. | 23a. \$ | 4,096.00 |
| | nonthly expenses from line 22c above. | 23b\$ | |
| _00. Oopy your | J. J. polioco II oli III o 220 abovo. | 200. Ψ | 2,037.00 |
| 23c. Subtract vo | ur monthly expenses from your monthly income. | | |
| | s your monthly net income. | 23c. \$ | 1,259.00 |
| For example, do you modification to the te | n increase or decrease in your expenses within the year expect to finish paying for your car loan within the year or do you express of your mortgage? | | |
| ■ No. | | | |
| | Explain here: Medical expenses are high because d | | |

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 31 of 52

| | | | | | 1 |
|---------------------|----------------------------|-------------------------|------------------------|------------------------------|---------------------------------------|
| Fill in this info | rmation to identify your | case: | | | |
| Debtor 1 | Cory B. Hilliard | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | First Name | Middle News | L - of No | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | | |
| Coop number | | | | | |
| Case number | | <u></u> _ | | | ☐ Check if this is an |
| , , | | | | | amended filing |
| | | | | | |
| | | | | | |
| Official For | m 106Dec | | | | |
| Declara | tion About a | n Individua | I Dehtor's | Schedules | 12/15 |
| Deolara | tion About a | - IIIaiviaaa | DCDLOI 3 | Outleadies | 12/13 |
| If two married n | eople are filing together | hoth are equally resn | onsible for sunnlyin | a correct information | |
| | oopio aro illing togoliloi | , both are equally reep | oncibio for cuppiyiii | 9 00.10010 | |
| You must file th | nis form whenever you fi | le bankruptcy schedul | es or amended sche | dules. Making a false sta | tement, concealing property, or |
| | | | nkruptcy case can re | esult in fines up to \$250,0 | 000, or imprisonment for up to 20 |
| years, or both. | 18 U.S.C. §§ 152, 1341, 1 | 519, and 3571. | | | |
| | | | | | |
| Sic | gn Below | | | | |
| | | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an att | ornev to help you fill | out bankruptcy forms? | |
| , | -,g p., | | ,, | | |
| ■ No | | | | | |
| □ Yes. | Name of person | | | Attach Ra | nkruptcy Petition Preparer's Notice, |
| ☐ 1C3. | | | | | on, and Signature (Official Form 119) |
| | | | | | , , |
| | | | | | |
| | re true and correct. | that I have read the su | mmary and schedule | es filed with this declarat | ion and |
| triat triey a | re true and correct. | | | | |
| X /s/ Co | ry B. Hilliard | | X | | |
| | B. Hilliard | | Signat | ure of Debtor 2 | |
| Signatu | ure of Debtor 1 | | | | |
| Date | August 1, 2017 | | Date | | |
| 24.0 | ragust 1, 2011 | | | | |

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 32 of 52

| ĦI | in this inform | ation to identify you | case: | | | | | | | |
|------------------------------------|--|---|--|---|---|---|--|--|--|--|
| | btor 1 | Cory B. Hilliard | ouse. | | | | | | | |
| Dei | DIOI I | First Name | Middle Name | Last Name | | | | | | |
| l | btor 2 buse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| Uni | ited States Bar | kruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | | | | | |
| Ca | se number | | | | | | | | | |
| | nown) | | | | - | theck if this is an mended filing | | | | |
| \sim t | ficial For | ···· 107 | | | | | | | | |
| | ficial For | | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 | | | | |
| | | | | | equally responsible for sup | | | | | |
| | | ore space is needed,). Answer every que | | this form. On the top of any | y additional pages, write you | ir name and case | | | | |
| | <u> </u> | , | rital Status and Where You | Lived Before | | | | | | |
| 1. | | current marital statu | | | | | | | | |
| | _ | | | | | | | | | |
| | ■ Married■ Not marr | ried | | | | | | | | |
| 2. | During the la | Ouring the last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | ■ No | | | | | | | | | |
| | ☐ Yes. List | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | | |
| 3. stat | | | | | ity property state or territory ico, Texas, Washington and W | | | | | |
| | ■ No | | | | | | | | | |
| | ☐ Yes. Ma | ke sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | | | | | |
| Pai | rt 2 Explain | n the Sources of You | r Income | | | | | | | |
| 4. | Fill in the total | I amount of income yo | u received from all jobs and a | ng a business during this yeall businesses, including parter together, list it only once ur | | ndar years? | | | | |
| | □ No | | | | | | | | | |
| | _ | in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | |
| the date you tiled for hankruntey: | | | ■ Wages, commissions, bonuses, tips | • | | | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | |

Official Form 107

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Page 33 of 52
Case number (if known) Document

Debtor 1 Cory B. Hilliard

| | | | | 211 | | | 5.17 | | |
|---|--|--|--|--|--|--|--|---|---|
| | | Debtor 1 Sources of income | Gross | s income | Debtor 2 Sources of inc | ome | Gross income | | |
| | Check a | | | Check all that apply. | | e deductions and | Check all that a | | (before deductions and exclusions) |
| | r last calen inuary 1 to | dar year: December | 31, 2016) | ■ Wages, commissions, bonuses, tips | | \$98,000.00 | ☐ Wages, combonuses, tips | imissions, | |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | | \$92,000.00 | ☐ Wages, combonuses, tips | imissions, | |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| 5. | Include include and other winnings. List each s | come regard public bene If you are fil | lless of wheth fit payments; ing a joint cas the gross inco | e during this year or the two per that income is taxable. Exa pensions; rental income; inter- ie and you have income that y ome from each source separat | amples of rest; divid you receiv | i other income are a lends; money collec- ved together, list it of | alimony; child supp cted from lawsuits; only once under De | royalties; and ebtor 1. | |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of income Describe below. | each | s income from source e deductions and sions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, or not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not | | | | | | | | ne total amount you nd alimony. Also, do | |
| | | - Nama an | attorney for | this bankruptcy case. | domestic support obligations, such as child support of the control | | | | |
| Creditor's Name and Address Huntington National Bank P O Box 182519 Columbus, OH 43218-2519 | | | Dates of payme | TIT | Total amount paid | Amount you still owe | vvas tnis p | payment for | |
| | | | | | \$450.00 | \$9,200.00 | ☐ Mortgag ☐ Car ☐ Credit C ☐ Loan R ☐ Supplie ☐ Other_ | Card | |

Page 34 of 52
Case number (if known) Document Debtor 1 Cory B. Hilliard

| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. | | | | | | | | |
|-----|---|----------------------------|----------------------|----------------------|--------------------|------------------------------|--|--|--|
| | ■ No | | | | | | | | |
| | Yes. List all payments to an insider. | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | | | |
| 3. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos | | ments or transfer a | any property on a | ccount of a d | ebt that benefited an | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment litor's name | | | |
| Pai | rt 4: Identify Legal Actions, Repossession | ns. and Foreclosures | | | | | | | |
|). | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case | | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, f | foreclosed, garnis | shed, attached | d, seized, or levied? | | | |
| | Creditor Name and Address | Describe the Property | | Date | | | | | |
| | | Explain what happened | i | | | property | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details. | | luding a bank or fi | nancial institutior | n, set off any a | nmounts from your | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date taker | action was | Amount | | | |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or all No ☐ Yes | | erty in the possess | ion of an assigne | e for the bene | efit of creditors, a | | | |
| Pai | t 5: List Certain Gifts and Contributions | | | | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No | tcy, did you give any gift | s with a total value | of more than \$60 | 00 per person | ? | | | |
| | ☐ Yes. Fill in the details for each gift. | | | | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Date: the g | s you gave ifts | Value | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | |

Page 35 of 52
Case number (if known) Document Debtor 1 Cory B. Hilliard

| 14. | Within 2 years before you filed for banks | | | s with a total | value of more than | \$600 to any charity? | | | | |
|-----|--|-------|---|---|---|------------------------|--|--|--|--|
| | ☐ Yes. Fill in the details for each gift or or Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | total | on. Describe what you contributed | | Dates you contributed | Value | | | | |
| Pai | t 6: List Certain Losses | | | | | | | | | |
| 15. | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Describe the property you lost and how the loss occurred | • | the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property | | | | | | | |
| Pai | t 7: List Certain Payments or Transfer | s | | | | | | | | |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. | | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | | Description and value of any proper transferred | Date payment or transfer was made | Amount of payment | | | | | |
| | Cricket Debt Counseling 10121 SE Sunnyside Road Clackamas, OR 97015 | | Fee paid for pre-filing credit counseling. | | \$24.00 | | | | | |
| | Scheinbaum & West, LLC P.O. Box 5009 Vernon Hills, IL 60061-5009 | | \$310 for filing fee and \$690 paid towards bankruptcy fees. | | | \$1,000.00 | | | | |
| 17. | . Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Person Who Was Paid Address | erty | Date payment or transfer was made | Amount of payment | | | | | | |
| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | | Description and value of property transferred | | ny property or received or debts change | Date transfer was made | | | | |

Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Case 17-22923 Page 36 of 52
Case number (if known) Document

Debtor 1 Cory B. Hilliard

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | | |
|-----|--|---|--|-----------------------|--|-----------------------|------------------------|
| | Yes. Fill in the details. | | | | | | |
| | Name of trust | Description and | escription and value of the property transferred | | | | was |
| Pai | t 8: List of Certain Financial Accounts, Inst | truments, Safe Deposi | t Boxes, and St | orage Uni | ts | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | |
| | No Yes. Fill in the details. | lations, and other fina | nciai institution | is. | | | |
| | | Last 4 digits of account number | | | ount or Date account was closed, sold, moved, or transferred | | ance ng or nsfer |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | Describe the contents | | Do you still have it? | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | | Describe the contents | | Do you still have it? | |
| Pai | t 9: Identify Property You Hold or Control f | or Someone Else | | | | | |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe | the property | V | /alue |
| Pai | t 10: Give Details About Environmental Info | rmation | | | | | |
| For | the purpose of Part 10, the following definitio | ns apply: | | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or oxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or egulations controlling the cleanup of these substances, wastes, or material. | | | | | | |
| | to own, operate, or utilize it, including disposal sites. | | | | | | |
| | | | | | | | |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 37 of 52 Case number (if known)

Debtor 1 Cory B. Hilliard

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No | | | | | | | |
|-----|--|--|---|------|--|--------------------|--|--|
| | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | ıd | Environmental law, if you know it | Date of notice | | |
| 25. | Hav | e you notified any governmental unit of | any release of hazardous material? | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | ıd | Environmental law, if you know it | Date of notice | | |
| 26. | Hav | e you been a party in any judicial or adn | ninistrative proceeding under any envi | iron | mental law? Include settlements | and orders. | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | |
| Par | t 11: | Give Details About Your Business or | Connections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | | |
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | | | |
| | | siness Name | Describe the nature of the business | | Employer Identification numbe | | | |
| | Address (Number, Street, City, State and ZIP Code) | | Name of accountant or bookkeeper | | Do not include Social Security Dates business existed | number of fine. | | |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | | |
| | | No Yes. Fill in the details below. | | | | | | |
| | | me dress nber, Street, City, State and ZIP Code) | Date Issued | | | | | |
| | | | | | | | | |

Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Case 17-22923 Page 38 of 52
Case number (if known) Document

Debtor 1 Cory B. Hilliard

| Part 12: Sign Below | | |
|---|---|---|
| are true and correct. I understand that m | nt of Financial Affairs and any attachments, and I declar aking a false statement, concealing property, or obtainings up to \$250,000, or imprisonment for up to 20 years, or | ng money or property by fraud in connection |
| /s/ Cory B. Hilliard | | |
| Cory B. Hilliard Signature of Debtor 1 | Signature of Debtor 2 | |
| Date August 1, 2017 | Date | |
| _ ′ | Statement of Financial Affairs for Individuals Filing for E | Bankruptcy (Official Form 107)? |
| ■ No □ Yes | | |
| Did you pay or agree to pay someone wh | no is not an attorney to help you fill out bankruptcy form | ns? |
| No | | |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$3,200.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$690.00 toward the flat fee, leaving a balance due of \$2,510.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: August 1, 2017 | , |
|---|----------------------------|
| Signed: | |
| /s/ Cory B. Hilliard | /s/ Marc C. Scheinbaum |
| Cory B. Hilliard | Marc C. Scheinbaum 6180394 |
| | Attorney for the Debtor(s) |
| Debtor(s) | |
| Do not sign this agreement if the amounts are | blank. |

Local Bankruptcy Form 23c

Case 17-22923 Doc 1 Filed 08/01/17 Entered 08/01/17 08:59:56 Desc Main Document Page 49 of 52

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In re | Cory B. Hilliard | | Case No. | | | |
|-------|--|---|---|---|-----------|--|
| | | Debtor(s) | Chapter | 13 | | |
| | DISCLOSURE OF COM | MPENSATION OF ATTOI | RNEY FOR DE | BTOR(S) | | |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P compensation paid to me within one year before to be rendered on behalf of the debtor(s) in contemp | 2. 2016(b), I certify that I am the attorn he filing of the petition in bankruptcy, | ney for the above nam or agreed to be paid | ed debtor(s) and that to me, for services render | red or to | |
| | For legal services, I have agreed to accept | | \$ | 3,200.00 | | |
| | Prior to the filing of this statement I have rec | | | 690.00 | | |
| | Balance Due | | \$ | 2,510.00 | | |
| 2. 5 | \$310.00 of the filing fee has been paid. | | | | | |
| 3. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | | | | | |
| | ☐ I have agreed to share the above-disclosed co- copy of the agreement, together with a list of | | | | ïrm. A | |
| 6. | In return for the above-disclosed fee, I have agree | ed to render legal service for all aspect | ts of the bankruptcy c | ase, including: | | |
| l | a. Analysis of the debtor's financial situation, and b. Preparation and filing of any petition, schedule c. Representation of the debtor at the meeting of d. [Other provisions as needed] Negotiations with secured creditor reaffirmation agreements and apple 522(f)(2)(A) for avoidance of liens of the control of the contr | es, statement of affairs and plan which creditors and confirmation hearing, and rs to reduce to market value; exc lications as needed; preparation | n may be required; and any adjourned hear emption planning; | ings thereof; | g of | |
| 7. 1 | By agreement with the debtor(s), the above-discle Representation of the debtors in a | | g service: | | | |
| | | CERTIFICATION | | | | |
| | I certify that the foregoing is a complete statemen bankruptcy proceeding. | t of any agreement or arrangement for | payment to me for re | epresentation of the debto | or(s) in | |
| Α | ugust 1, 2017 | /s/ Marc C. Schei | nbaum | | | |
| D | Date Control of the C | Marc C. Scheinba Signature of Attorne | | | | |
| | | Scheinbaum & W | | | | |
| | | P. O. Box 5009 | 20004 5000 | | | |
| | | Vernon Hills, IL 6 815-636-4676 | 90061-2009 | | | |
| | | amerlincat@aol.d | com | | | |

 $Name\ of\ law\ firm$

United States Bankruptcy Court Northern District of Illinois

| In re | Cory B. Hilliard | | Case No. | | | |
|-------|--|---|---------------------------------|------------|--|--|
| | | Debtor(s) | Chapter 13 | | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | |
| | | Number of | Creditors: | 14 | | |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credi | tors is true and correct to the | best of my | | |
| Date: | August 1, 2017 | /s/ Cory B. Hilliard Cory B. Hilliard Signature of Debtor | | | | |

Avantcredit Of IL dba Avantcredit.c 640 N. LaSalle Dr. suite 535 Chicago, IL 60654

Avantcredit Of IL dba Avantcredit.c 222 North LaSalle Street suite 1700 Chicago, IL 60601

Capital One Master Card P.O. Box 30285 Salt Lake City, UT 84130-0285

Capital One Visa P.O. Box 30285 Salt Lake City, UT 84130-0285

Chase Bank PO Box 659732 San Antonio, TX 78265

Citi Cards P.O. Box 6500 Sioux Falls, SD 57117

Financial Plus Credit Union 800 Chestnut Street Ottawa, IL 61350

Financial Plus Credit Union 800 Chestnut Street Ottawa, IL 61350

Huntington National Bank P O Box 182519 Columbus, OH 43218-2519

NuMark Credit Union 1654 Terry Drive P.O. Box 2729 Joliet, IL 60434-2729 Personal Finance Company Morris Plaza 100 Commercial Drive, # 4 Morris, IL 60450

Rise Credit 4150 International Plaza suite 300 Fort Worth, TX 76109

Rise Credit P O Box 101808 Fort Worth, TX 76185

The Cash Store - #324 2371 N. Bloomington suite E Streator, IL 61364